

The ABCs: Steps to Improvement through PCMH

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Million Hearts – Maryland Symposium
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Objective

- * To demonstrate how our small practice PCMH uses a stepwise, team-based approach to improve the ABCS using population tools, providing resources and empowering patients to self-manage.

Our Team

- * One physician
- * One nurse practitioner-care manager (1/3 of FTE)
- * 3 CMAs
- * 1 Medical Office Assistant
- * 2700 patients seen in 3 years, most > high school education, diverse cultural and economic backgrounds

Our Practice Model

- * Level 3 PCMH, part of MMPP Pilot since 2011
- * EHR-driven quality metrics to drive our efforts
- * Vision: “to equip, empower and engage our patients in their own healthcare”

Our Stats: NQF 0018

*2011: 47.71%

Steps to HTN Control

THREE R's

- * **Registries:** uncontrolled +/- unseen HTN patients
- * **Resources:** DASH Diet
- * **Readings:** home BP recorded, reported & reviewed

Registry

ClinicalWorks (Luebehusen, Amy M)

e Patient Schedule EMR Billing Reports CCD Fax Tools Community Meaningful Use Lock Help

eClinicalWorks 9.0

P 6 E 0 S 0 D 6 R 0 T 10 L 5 M 0

Admin
Practice
Registry

Registry

Demographics
Immunization
Encounters
Vitals
Structured Data
Labs / DI
ICD
CPT
Referrals
Rx
Reports
Chief Complaints
Allergies
Medical History

Date Range 10/25/2011 1 / 25/2012

Appt. Provider

Ren. Provider/PCG

Facility

Future
Past

Visit Type

3D	1W	2W	3W
4W	6W	2M	3M
4M	6M	1Y	2Y

All (Visit Type)

☐ Include Cancelled Visits
☐ Include N/S Visits
☒ Show Office Visits Only
☐ Include Rescheduled Visits

Save Queries Run Subset (NOT) Run Subset Run New

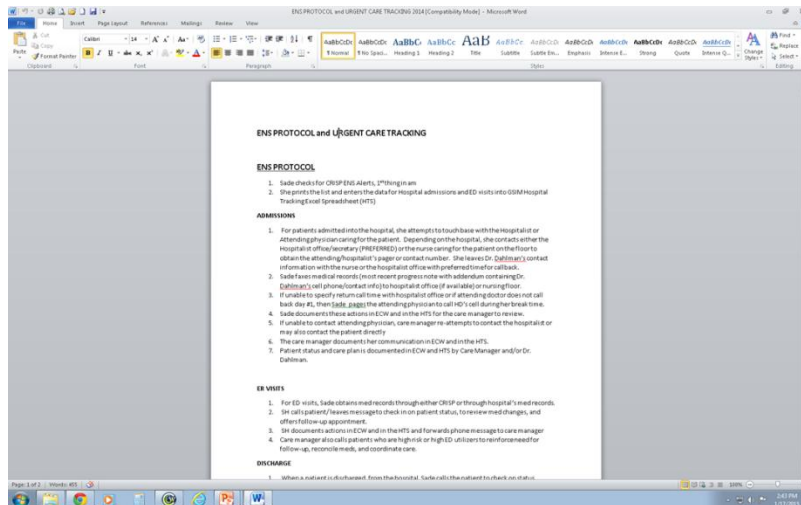
Patient Name	DOB	Sex	Age	Tel. No	Acc #
Address: 12345	06/03/1912	F	20Y	410-255-3333	

Registry Protocol

- * Identify high risk patients
- * Web message via Portal
- * Phone call outreach
- * vMessenger

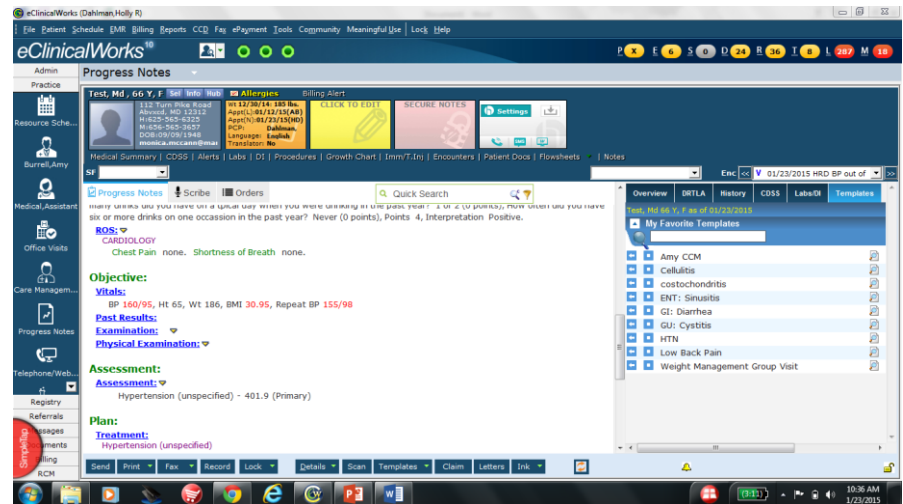


CRISP and ENS Protocol

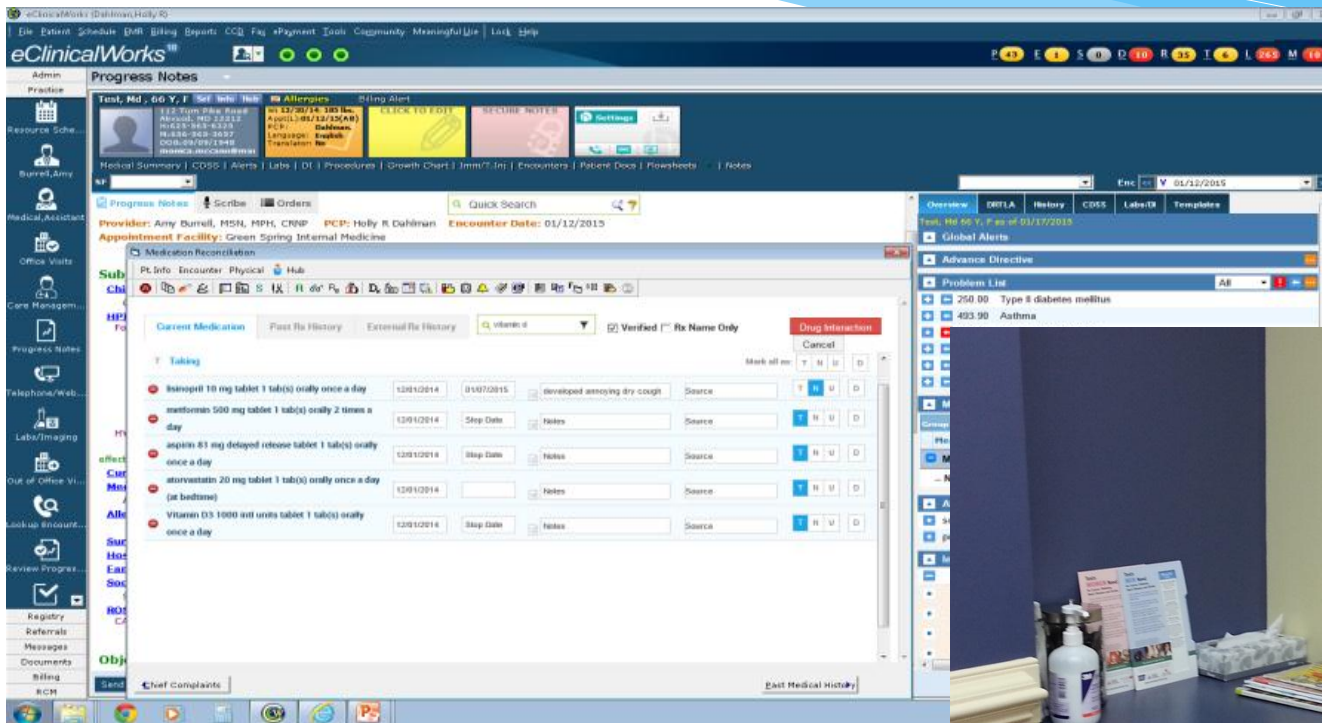


Alerts

- * Red text alerts for abnormal BP values



Med Rec w/ Adherence Notes



Readings: Patient Self-Efficacy

- * Coach on self-monitoring
- * Review of home BP log/journal with clinician feedback
- * Impact of DASH Diet (esp effective for African Americans)
- * Motivational interviewing (meds, wt loss, smoking cessation, exercise, reducing alcohol intake)
- * Rx per evidence-based protocol
- * Reinforce ongoing monitoring w/scheduled f/u

Browse Section – Clear Instructions to Go

The screenshot displays the eClinicalWorks 10 software interface. At the top, a green status bar indicates "You are sharing your desktop". The main menu includes options like File, Patient, Schedule, EMR, Billing, Reports, CCD, Fax, ePayment, Tools, Community, Meaningful Use, Lock, and Help. The left sidebar contains navigation icons for Admin, Practice, Resource Schedule, Luebehausen, A..., Medical Assistant, Office Visits, Care Management, Progress Notes, Telephone/Web..., Registry, Referrals, Messages, Documents, Billing, and RCM. The central area shows a patient's record for "Test, Md, 24 Y, F". The patient's information includes address (112 Turn Pike Road, Abvxc, MD 12312), phone numbers (H: 625-565-6325, M: 656-565-3657), DOB (08/09/1990), and email (monica.mccann@mai). The record is divided into sections: Medical Summary, CDSS, Alerts, Labs, and DI. The "Progress Notes" section is active, showing a "Physical Examination:" and "Assessment:" section. The "Assessment:" section lists "Type II diabetes mellitus - 250.00", "Hypertension, benign - 401.1", and "Seasonal allergies - 477.9". The "Plan:" section includes "Treatment:", "Procedures:", "Immunizations:", "Therapeutic Injections:", "Diagnostic Imaging:", "Lab Reports:", "Preventive Medicine:", and "Next Appointment:". A "Treatment" window is open, showing a list of treatments for "Type II diabetes mel", "Hypertension, benign", and "Seasonal allergies". The "Notes" section in the treatment window contains a detailed note about the "DASH Diet Action Plan" and a recommendation for home blood pressure monitoring. The bottom status bar shows the time as 3:51 PM on 12/19/2014.

DASH Diet weblink

www.dashdiet.org

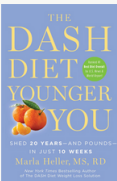
The Dash Diet Eating Plan

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The DASH Diet Eating Plan

**US News & World Reports:
Best and Healthiest Diet Plan**

DASH Diet in the news...

The DASH Diet Younger You, the new book, featured on [Good Morning America](#), December 30, 2014.

December 17, 2014. From the Journal of the American Medical Association. [Low glycemic index foods not needed for full cardiovascular benefits with DASH diet](#). DASH again proven to lower blood pressure and cholesterol, benefits independent of glycemic index of foods in diet.

December 16, 2014. Google Top Diet Search List: **DASH Diet** enters the list at #5. A healthy eating plan breaking through the diet clutter.

August 14, 2014. NEJM editorial: **Low Sodium Intake — Cardiovascular Health Benefit or Risk?** The conclusion? "High-quality diets rich in potassium might achieve greater health benefits, including blood-pressure reduction, than aggressive sodium reduction alone." This continues to reinforce the benefits of the DASH diet which is rich in potassium and moderate (not extremely low) in sodium!

May 18, 2014. In USA Today, **Diet and Blood Pressure: It's Not All About the Salt**. The DASH diet has been proven to lower blood pressure as well as the first-line medications, in as little as 14 days, and without reducing salt. The key foods? Fruits, vegetables, and low-fat and nonfat dairy.

March 1, 2014. The DASH Diet shows significant improvements in reducing kidney stone formation conditions as compared with conventional low-oxalate diets.

January 3, 2014. US News & World Report selects the "obscure" DASH diet as the **best diet** for the 4th year in a row.

November 12, 2013. The new guidelines for preventing heart disease and strokes, from The American Heart Association and The American College of Cardiology recommend the DASH diet, which "emphasize[s] fruits, vegetables, whole grains, low-fat dairy products, poultry, fish and nuts."

Why has the DASH diet been ranked as the best diet, the healthiest diet, and the best diet for diabetes, 4 years in a row? The expert panel of physicians assembled by US

3:12 PM 1/3/2015

Results!

* 2012: 66.04%

* 2013: 80.85%

* 2014: 78-79%

Summary

*The 3 R's

(registries, resources, reporting)

- * Population tools
- * Resource tools
- * Self-management strategies

Acknowledgements



- * Team Early Adapters (GSIM)
- * Dr. Niharika Khanna
- * MMPP
- * Maryland DHMH
- * MHCC
- * Delmarva Foundation
- * CRISP
- * Aledade, Inc

Costs of the Model

NON-\$

- * Continuous change
- * Extended office hours
- * Social determinants hard
- * Time: meetings, mapping quality measures, data analysis, practice re-design

\$

- * Care manager salary
- * Decrease in FFS productivity
- * Rise in costs ~ \$120,000/yr
- * Rise in overhead % from 52% in year 1 to 58% in years 3 and 4

Benefits of the Model

Non-\$

- * Innovative aspects
- * Patient gratitude
- * Collaboration w/ others
- * Data-proven better care

\$

- * Fixed care mgmt payment
- * Potential for shared savings
- * EHR Innovations for Improving HTN Challenge Award
- * TOC payment since 2013
- * New CMS CCM payment 1/2015

Realigning to Value: A Mandate

The screenshot displays the homepage of The New England Journal of Medicine (NEJM) website. The browser's address bar shows the URL www.nejm.org/doi/full/10.1056/NEJMp1500445. The page features the NEJM logo and the title "The NEW ENGLAND JOURNAL of MEDICINE". A navigation bar includes links for HOME, ARTICLES & MULTIMEDIA, ISSUES, SPECIALTIES & TOPICS, FOR AUTHORS, and CME. A prominent banner for "Perspective" highlights the article "Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care" by Sylvia H. Burwell, dated January 26, 2015. The article's abstract discusses the Affordable Care Act (ACA) and the Department of Health and Human Services (HHS) efforts to improve care through value-based payment models. The page also includes a "TOOLS" section with options like PDF, Print, and Download Citation, and a "TRENDING" section listing recent articles such as "Hidden Formaldehyde in E-Cigarette Aerosols" and "Acute Colonic Pseudo-Obstruction".

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www.nejm.org/doi/full/10.1056/NEJMp1500445

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Perspective

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia H. Burwell
January 26, 2015 | DOI: 10.1056/NEJMp1500445

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Article | **References**

Now that the Affordable Care Act (ACA) has expanded health care coverage and made it affordable to many more Americans, we have the opportunity to shape the way care is delivered and improve the quality of care systemwide, while helping to reduce the growth of health care costs. Many efforts have already been initiated on these fronts, leveraging the ACA's new tools. The Department of Health and Human Services (HHS) now intends to focus its energies on augmenting reform in three important and interdependent ways: using incentives to motivate higher-value care, by increasingly tying payment to value through alternative payment models, changing the way care is delivered through greater teamwork and integration, more effective coordination of providers across settings, and greater attention by providers to population health; and harnessing the power of information to improve care for patients.

As we work to build a health care system that delivers better care, that is smarter about how dollars are spent, and that makes people healthier, we are identifying metrics for managing and tracking our progress. A majority of Medicare fee-for-service payments already have a link to quality or value. Our goal is to have 85% of all Medicare fee-for-service payments tied to quality or value by 2016, and 90% by 2018. Perhaps even more important, our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018. Alternative payment models include accountable care organizations (ACOs) and bundled-payment arrangements under which health care providers are accountable for the quality and cost of the care they deliver to patients. This is the first time in the history of the program that explicit goals for alternative payment models and value-based payments have been set for Medicare. Changes assessed by these metrics will mark our progress in the near term, and we are engaging state Medicaid programs and private payers in efforts to make further progress toward value-based payment throughout the health care system. Through Healthy People 2020 and other

TOOLS

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January 22, 2015 | F. Alahiane and S. Saligram

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Boards to Death — Why Maintenance of Certification Is Bad for Doctors and Patients
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10:26 PM 1/27/2015

Care Plan Template

